


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000062422 1. Entity Name HARWICK HOMES CONSTRUCTION, INC.	
--	---

Principal Place of Business 9001 HIGHLAND WOODS BLVD STE 1 BONITA SPRINGS, FL 34135 US	Mailing Address 164 BAYVIEW AVE NAPLES, FL 34108 US \$150.00
---	---

DO NOT WRITE IN THIS SPACE

FILED
05 JAN 14 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01052005 No Chg-P CR2E034 (10/03) 05

4. FEI Number 65-0519248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KATHY HARWICK 164 BAYVIEW AVENUE NAPLES, FL 33963

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARWICK, RICK 164 BAYVIEW AVENUE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARWICK, KATHY 164 BAYVIEW AVENUE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100045620871
01/31/05--01007--011 **300.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/10/05** **239-498-0801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #